H V
87
C532c
1946

1939

CHICAGO CARES

a decade of service

City of Chicago

DEPARTMENT of WELFARE

DECENNIAL REPORT

1936 - 1946

HV 87 qC532c 1946

02730860R

NLM 05019521 5

NATIONAL LIBRARY OF MEDICINE

DUE TWO WEEKS FROM LAST DATE

APR 1 1954

GPO 262058

CITY OF CHICAGO
DEPARTMENT OF WELFARE
25 SOUTH DAMEN AVENUE (12)
TELEPHONE: CHESAPEAKE 4600
A. E. ROSE, COMMISSIONER

PLEASE ADDRESS REPLY
ATTENTION OF:

EDWARD J. KELLY
MAYOR

July 1, 1946

The Honorable Edward J. Kelly
Mayor of the City of Chicago.

Dear Mayor Kelly:

The Department of Welfare, upon completion of a decade of service to the community, herewith respectfully submits to you and through you to the people of Chicago - an accounting of its activity.

Contained herein are not only "THE FIGURES," representing financial aid to the needy, the ill and the distressed, but "THE STORY BEHIND THE FIGURES," the story of a welfare program aimed at rehabilitation and the preservation of the dignity of man.

The successful restoration to independence of a quarter of a million Chicago residents since 1936 would not have been possible without your heartfelt interest in welfare problems, the sincere cooperation of the City Council, the generous support of the people of Chicago and the sustained loyalty of the welfare staff.

Respectfully,

A. E. ROSE, Commissioner

aer-c

"Every man, woman and child in Chicago, regardless of race, creed or color has a right to a happy, healthy way of life. The Department of Welfare is the City's assurance that the less fortunate shall not be forgotten."

EDWARD J. KELLY, *Mayor*

CITY COUNCIL RELIEF COMMITTEE

Ald. George D. Kells

Ald. John J. Grealis

Ald. Joseph S. Gillespie

CITY OF CHICAGO

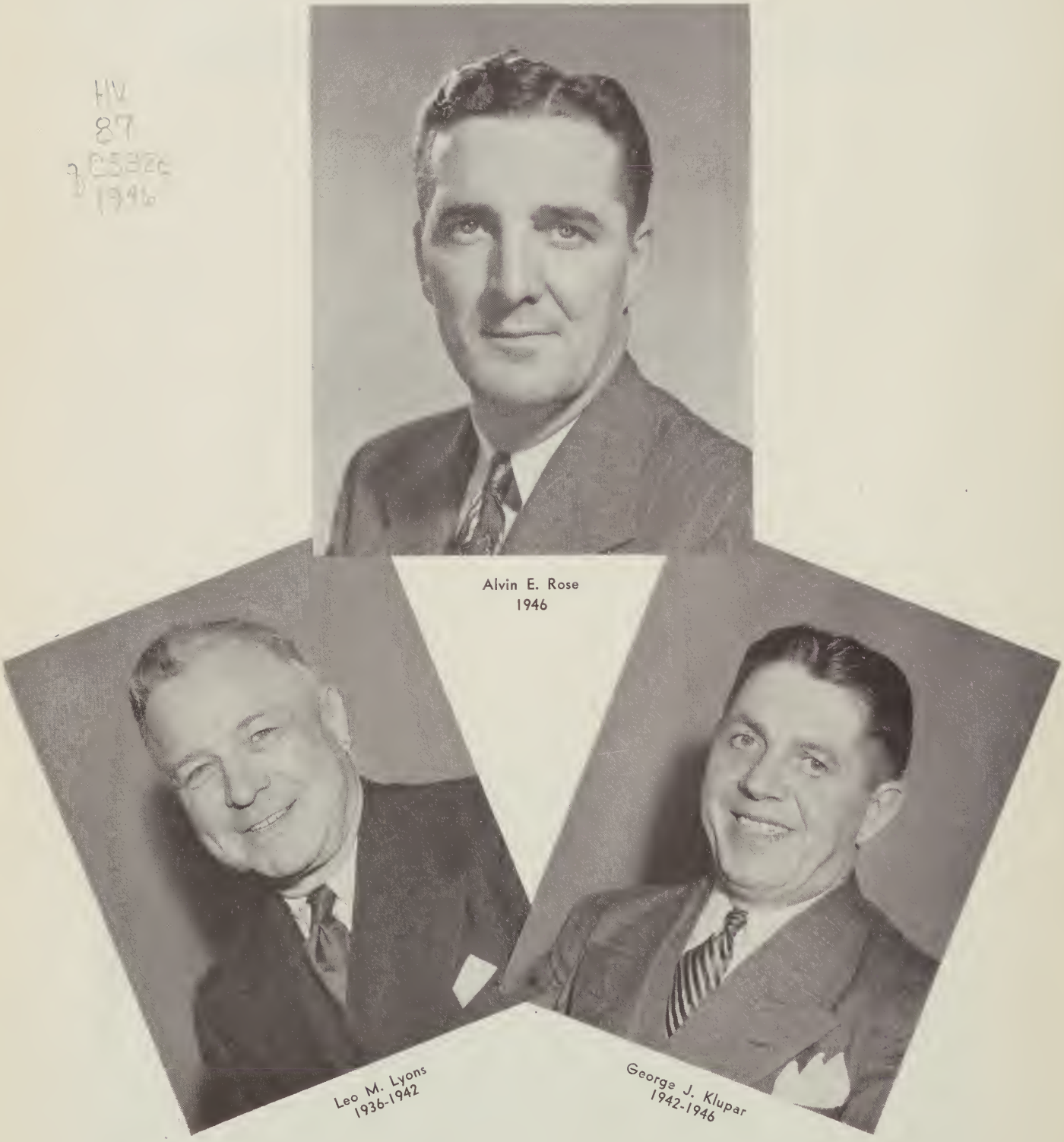
DEPARTMENT OF WELFARE

DECENNIAL REPORT

1936-1946

THE COMMISSIONERS

HV
87
.B532c
1946



Alvin E. Rose
1946

Leo M. Lyons
1936-1942

George J. Klupar
1942-1946

the figures

For Ten Years

FOOD	$114,630,799.09
SHELTER	52,066,756.73
CLOTHING	4,401,728.91
FUEL	9,013,055.76
HOUSEHOLD NECESSITIES	6,142,104.90
LIGHT	1,723,727.36
PHYSICIANS AND DRUGS	7,285,700.37
HOSPITALS AND CLINICS	1,171,974.84
CONVALESCENT CARE	1,441,372.71
DENTAL CARE	175,230.21
APPLIANCES	46,825.36
PERSONAL ALLOWANCES	693,944.60
TRANSPORTATION-MOVING	810,055.62
BURIALS	238,941.26
ICE	190,265.10
WORK RELIEF	10,444,533.72
ALL OTHER ASSISTANCE	1,716,509.49
	$212,193,526.03

and

the story behind the figures

The collapse of the stock market in October, 1929, signalled a period of economic dislocation which was the severest in the cycle of American mass depressions. The ravages of unemployment swept through industrial Chicago. In April, 1930, 11% of the city's gainful workers were out of employment and nine months later that figure had swelled to 29%. The meager resources of many of the unemployed dwindled, credit was exhausted, relatives and others who may have been called upon to help were themselves in need of assistance.

Between this body of unemployed and the dull terrors of deprivation stood five private social service agencies and two public agencies. Because of the flood of demands made upon them, these agencies, supported principally by private funds, were unable to provide adequate relief.

In October, 1930, Governor Emerson formed the Governor's Commission on Unemployment and Relief to study the problem. The Commission succeeded in raising funds by private subscription but these funds were quickly exhausted.

THE CRISIS IN 1932

The inescapable conclusion that proper relief could be given only if public funds in huge amount were made available gave rise in 1932 to the creation of the Illinois Emergency Relief Commission, with authority over the distribution of funds appropriated by the State Legislature. The designated administrative agent for Cook County (including the City of Chicago) was the Cook County Bureau of Public Welfare. Although this action represented official recognition of public responsibility, the problem was still treated as an emergency of short duration.

Just as the funds for relief in Cook County were on the verge of exhaustion, Federal legislation was enacted in July, 1932, providing Federal funds for relief purposes. Additional Federal relief programs such as the Civilian Conservation Corps and Federal Surplus Commodities Program became an integral part of Chicago's relief program.

In 1933 a State sales tax of two percent was enacted to provide sufficient State funds to continue relief; the tax was increased to three percent in 1935. Relief was granted in kind and rents were paid only in cases of actual evictions and then for only one month to enable the evicted family to obtain new quarters. In 1935 new Federal programs were established, of which WPA most directly affected relief operations. By the end of the year, 75,000 Chicagoans were working on WPA projects.

A major change in relief distribution came about in November, 1935, when disbursements in cash instead of in kind were authorized, resulting in administrative economy and greater bargaining power for the recipient. Early in 1936 legislation was enacted terminating the existence of the Illinois Emergency Relief Commission and in July of that year Chicago established an assistance program for its needy residents.

"Hunger in Chicago
The relief situation in Chicago is becoming more desperately acute each day. In the minds of some it is becoming more dangerous, too. Men, women and children are starving . . . funds are inadequate . . . cold weather is approaching. Coroner's cases will increase—"Death caused by exposure . . . deceased was badly undernourished."
ANOTHER RELIEF CRISIS.
Winter Means Only Despair To 106,595 Relief Families
City's Needy Face Winter Of Despair
10,000 marchers chant relief pleas
(Picture on page 15)
Ten thousand marchers sloshed through the slush of Chicago's Loop yesterday, carrying cardboard banners on sticks, singing in mass chant demands for adequate relief and WPA appropriations.
The demonstration, sponsored by the Illinois Workers Alliance of
This man is hungry!
Relief Requests Rise 300 Pct.
CHICAGO RELIEF CASH AMPLE FOR ONE MONTH ONLY
Funds for Rest of Year Up to Legislature.

Chicago takes over

Strictly interpreted, the obligations of the Department of Welfare are limited to the "poor and indigent," a statute term. Actually, any welfare organization shoulders real and meaningful obligations toward the entire community. Sustaining and rehabilitating those who need help in helping themselves, an obligation of the community, redounds to the benefit of the community itself in terms of stability, better health, improved living conditions, responsible citizenship and firmer foundations for the future.

Consequently, although the immediate concern is for the relatively few thousands who are recipients of public assistance, the Department of Welfare has been mindful of its responsibility toward the millions of Chicagoans. Although specifically designed to relieve the needy, to restore an individual's health or self-respect, to guide a destitute person back to normal activities, the Department in its broader purpose functions for the benefit of all residents of Chicago.

HELPING HANDS

Beyond that, the Department as an operating entity is under specific obligation to individuals and organizations in the community for valuable services rendered during the past ten years. Doctors, dentists, hospitals and clinics have made their contributions in the form of free or low-cost service and technical advice. Merchants have supplied goods at reduced prices. Before full budgets were possible, and at times when as many as 270,000 persons were receiving assistance, thousands of landlords provided housing for the relief population, in some cases with little or no remuneration.

To these and to the many others, both public and private, whose generous cooperation has made it possible to minimize want and insecurity in Chicago, the Department of Welfare gratefully acknowledges its indebtedness. Such community cooperation has helped to make possible the shift in emphasis from the early policies of distress relief during the period of economic chaos and depression to a broader responsibility of providing adequate assistance and of rehabilitating persons so that they may become self-supporting wherever possible.

Basically the Department of Welfare determines eligibility for assistance according to standards derived from State laws and City codes, and provides assistance for eligible persons. Chicago's responsibility for granting general assistance stems from the State statute known as the Pauper Law.

The Legislative Act of 1936 left only a rather broad responsibility on the state for approving standards adopted by the local units. A series of subsequent amendments increased the authority of the Illinois Public Aid Commission (which succeeded the Illinois Emergency Relief Commission) to approve standards requested by the local units and to "require that relief be granted according to a uniform budget standard within each local government unit and to supervise the setting of these standards and their enforcement so that excessive relief grants may be reduced."

a typical family

A comparison of the assistance budget in 1936 and today shows graphically the community's recognition of its responsibility to provide adequate help to those in need. The grant of ten years ago, due to lack of sufficient funds, met only basic minimum needs for selected items and in no way could be called an adequate budget. Today, the assistance budget of the Department of Welfare is formulated to meet the total basic needs of recipients, with emphasis on the individualization of need. Below is a comparison of the average assistance budget during 1936 and the present for a family of four (man, woman, boy aged 13 years, girl, aged 8 years) who have no income.

1936	Items	1946
$26.19	Food	$57.55
15.00	Shelter	25.00
1.85	Cooking fuel	1.80
1.60	Light	1.65
	Refrigeration	3.00
	Household Incidentals (Soaps, cleaning supplies, replacement of dishes and small utensils)	4.00
	Personal Allowances (Items for personal care; e.g., shaving supplies, care of hair, teeth; education; recreation; medicine chest supplies)	7.45
2.50	Clothing, including shoes	16.36
$47.14	Total	$116.81*

* Purchasing value of total in terms of 1936 dollars is $85.37.

In addition to the above items, the agency provides for the following on the basis of need: heating fuel, medical care, including physician's and clinic services, dental care, hospital care, drugs, medical appliances, nursing service, convalescent and chronic care; therapeutic diets; transportation for school, work and clinic; household furnishings, including furniture, stoves and stove repairs; insurance premiums; allowance for the working member and working head; homemakers' service; laundry; moving expenses; burials. Available surplus foods are also distributed.

the assistance program

No sooner had the City of Chicago assumed responsibility for the care of its needy than a financial crisis temporarily crippled its proposed program. Because of a lack of sufficient funds, all district relief offices were closed and the staff suspended. A volunteer staff was immediately recruited, and with the limited funds available, each active case was supplied with one-half month's food allowance plus Federal Surplus Food Tickets. After two months of such skeleton operation, funds became available and district offices were reopened.

Insufficient funds chronically hampered the full functioning of the Welfare Program and in May, 1938, operations were again all but suspended. When funds again became available only limited assistance was possible—100% food, fuel for cooking, medical care, 50% of budgeted rent. For the next four years the amount of assistance granted varied, falling at times to a low of 65% of items budgeted.

Not until May, 1942, was 100% of all items budgeted issued. As the availability of funds became assured, formulated plans for adequate care were put into effect. Budgets were revised upward to meet the increase in the cost of living, allowances for the regular payment of rent were authorized, allowances for insurance premiums and household incidentals were provided for, and provisions were made for personal care, recreation, education and medicine chest needs. In July, 1946, just as the Department of Welfare had completed its tenth year of operations, a fifteen percent increase in the allowance for food was put into effect.

LONG RANGE PLANNING

It can be seen from these developments that the operations of the Department of Welfare have become stabilized. From the original concept of temporary distress relief the trend has been toward a realistic acceptance of the fact that "the poor are always with us." As a result of this change in philosophy, it followed logically that the community should strive to provide adequate assistance for the maintenance of the needy, and for the rehabilitation of those who can, with the proper treatment, again become self-sustaining.

In the ten years of the Department's existence, various Federal programs have supplemented the assistance given by the city. The Department was the sole certifying agent for assignment to WPA and intensive efforts were made to place all employables. In many cases, such employment served to eliminate the need for assistance grants and in all others assignment to WPA reduced the amount of need. Those employables not assigned to WPA were placed in the Department's work relief program.

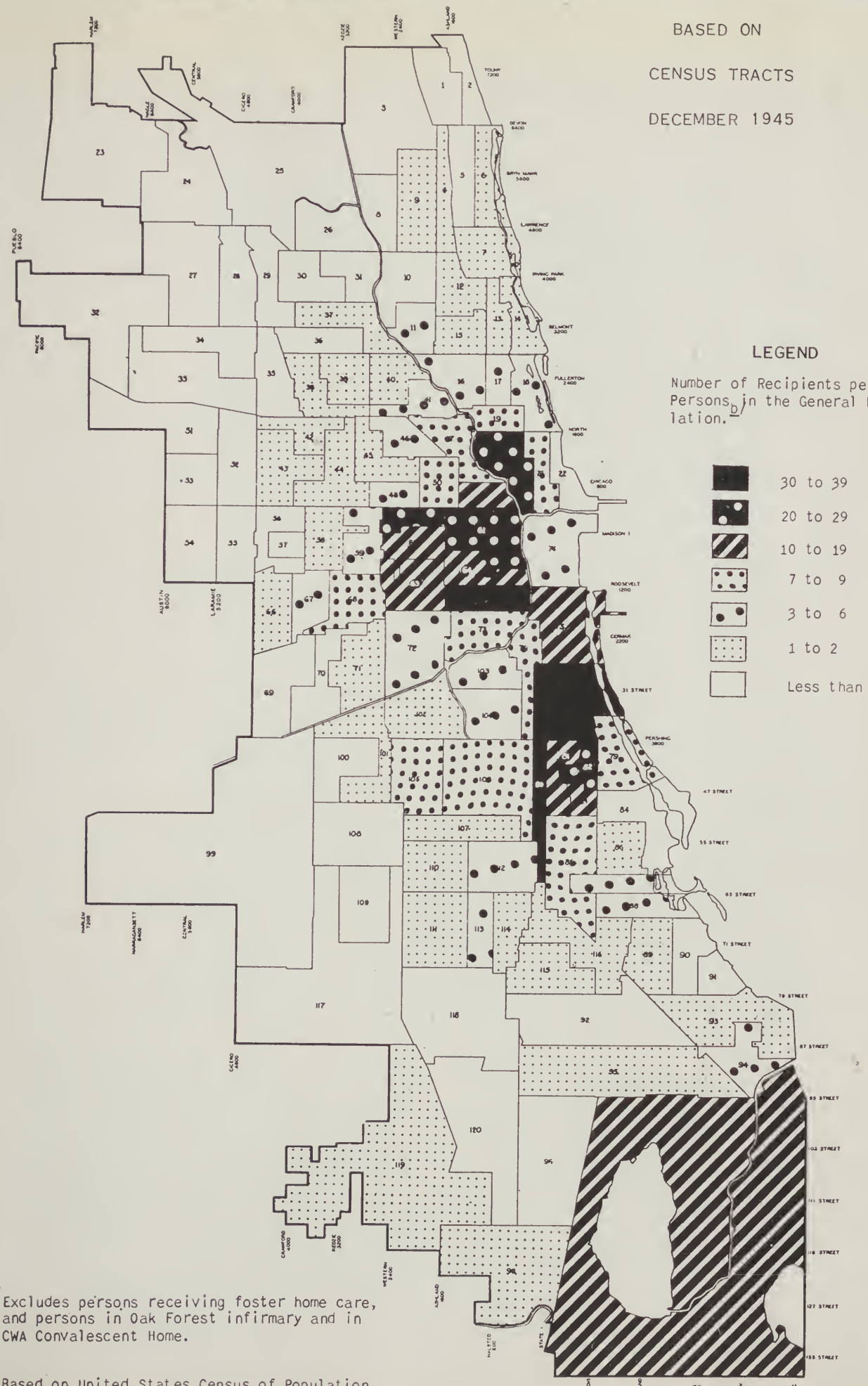
From the beginning, certain surplus foods supplied by the federal government were made available to recipients. These surplus commodities were distributed in addition to regular assistance allowances, thus, in effect, increasing the food allowance by 50%.

ASSISTANCE RATES[a] IN CHICAGO SUB-COMMUNITIES

BASED ON

CENSUS TRACTS

DECEMBER 1945



[a] Excludes persons receiving foster home care, and persons in Oak Forest infirmary and in CWA Convalescent Home.

[b] Based on United States Census of Population, 1940.

from relief to welfare

The working philosophy of the Department of Welfare is that public assistance must serve needy persons in a manner which will conserve and develop human resources, create opportunities for self-development and contribute to the general welfare of the individual, the family and the community. This philosophy has guided the development of the individualized case services of the Department and has lead to a steady increase in the scope and intensity of services made available to recipients.

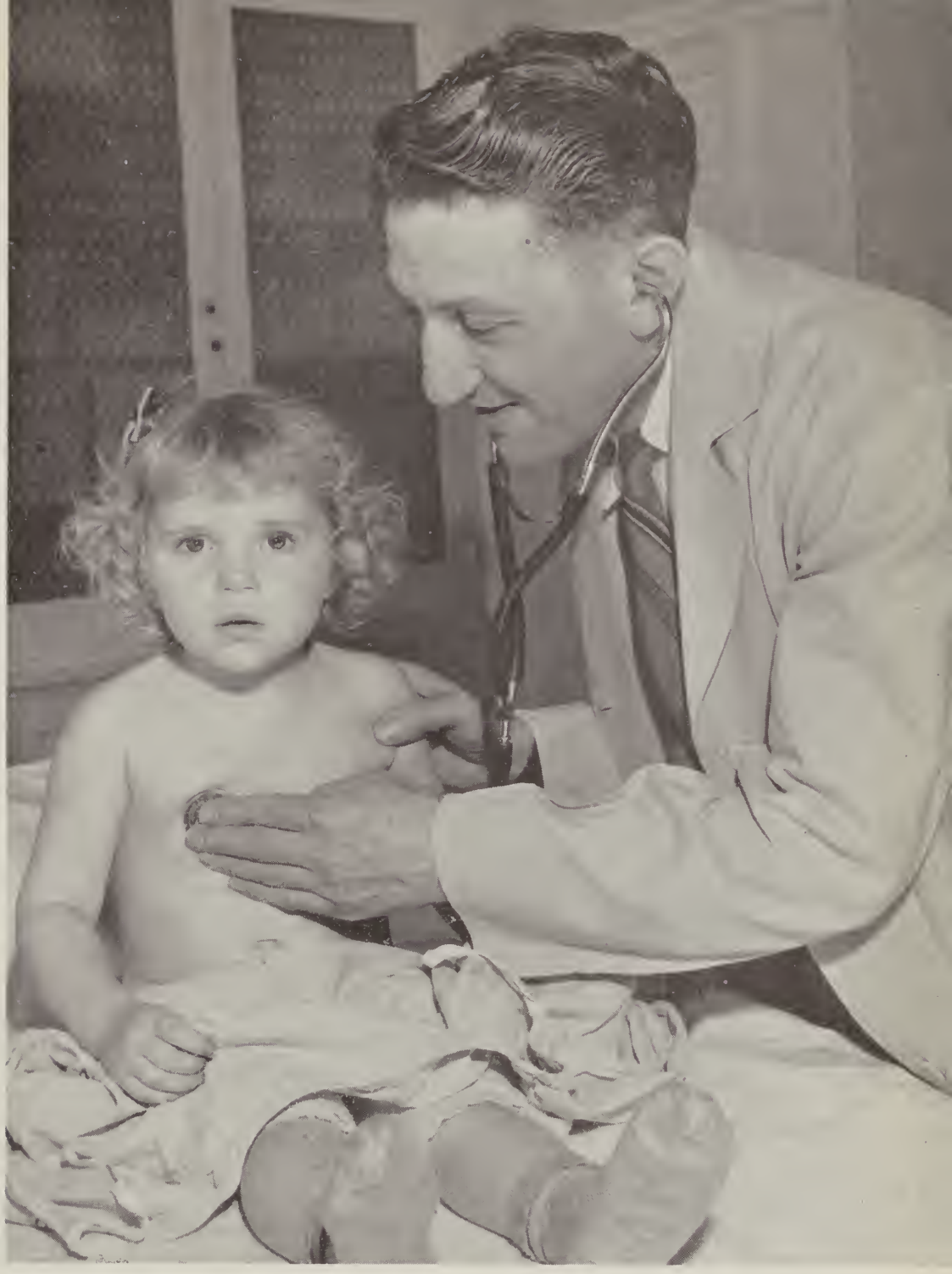
During the past ten years there has been a change in emphasis in dealing with the problems presented by those coming to the Department for assistance. Resurgent employment limited the necessity for concern with the large numbers whose expressed needs were the outcome of the country's economic dislocation. The accent gradually shifted to individuals who, in addition to economic need, present varied problems of physical or mental illness and complicated inter-related problems of management, housing, broken homes, child care and family relationships.

ALL THINGS CONSIDERED

Members of the staff who are responsible for the case work program study the needs and assets of each individual and carry out with the individual the treatment plan best suited to his needs. Consultants trained in their respective fields are available for planning with the case workers for medical care, household management, buying, conservation of insurance, property and other tangible assets and for locating suitable employment for those able to work. Although these consultants work largely through advice to case workers, they are available for direct counseling to recipients when such action seems to be desirable.

In problems of nutrition, home management and careful planning of the cash assistance grant, home economists provide a consultative service. Housewives who need this service are helped to make wise choices of the less expensive foods in proper amounts and varieties to provide balanced diets for their families. Clothing needs are planned for with the families seasonally.

Health is obviously one of the most important factors in treatment. Medical social workers plan with the case workers in providing the type of medical care best suited to the needs of each individual. This may be clinic care, services of a physician in the home, hospitalization, convalescent home care, or care in the hospital wards of Oak Forest for the chronically ill who cannot be cared for in their homes. The implications of the illness and treatment are interpreted to the patient and his family as a part of the encouragement needed to carry through medical plans. In instances of acute illness or hospitalization of a mother, provisions for care of the home and children often include placing a homemaker with the family until the mother's condition is improved. For ill individuals without family ties, special housing is arranged and housekeeping and personal services are secured.



Preventive health care for children is particularly important and workers have the responsibility for arranging examinations for well children in the Well Children's Clinic, operated in cooperation with the Elizabeth McCormick Memorial Fund. Recommendations for diet changes and corrective medical care are then made. Dental care is part of the regular health program, which workers make available to recipients.

individualized service

The recipient's needs are many and complex. As the pressure resulting from mass unemployment eased, the Department's program moved steadily toward individualized service. Special attention is given the marginal worker and those temporarily unemployed because of handicap or illness.

When a recipient is physically able to resume employment, the worker plans with him for a return to work. If the recipient's illness has been prolonged or if the illness has placed new restrictions on the type of employment he is able to do, it is frequently necessary to restore his confidence in his ability, plan retraining to work within his physical capacities and guide him in securing acceptable employment.

Services available in the community through agencies specializing in the medical, psychiatric, recreational, scholastic and child welfare fields are used to meet the recipient's needs. Workers interpret these services, arrange referrals and follow through to insure their continued use and maximum benefit to the recipient.

The advances in individualized case work treatment are reflected in changes in the assistance program for men without family ties. The shelter program, which reached its peak in February, 1939, with 3,960 men receiving congregate care, was abandoned December 1, 1942, because of the decrease in the number of unattached men requiring assistance and the realization that the program did not constructively meet the needs of individuals for a normal community life. Men are now domiciled in the community and the assistance issued on a budgetary basis in accordance with the individual's needs.

SPECIALIZED CASELOADS

A plan of specialized loads of "problem" cases was discontinued in 1940 when the marked increase in the proportion of such cases emphasized the already apparent facts that understanding of human behavior and technical skill are essential in order to help all persons requesting service and that the spectacular problem was not always the one in which staff efforts were most productive. The method of assigning cases to the case workers has been revised with the primary objective of attaining an uninterrupted treatment relationship between worker and recipients. In general, a case remains with the same worker as long as it is active.

The development of an intensive case work program has called for an increasing amount of staff training. In 1945 a part-time psychiatrist was added to the staff. His services have proved to be valuable not only in the guidance of treatment for individual recipients but for staff training in the understanding of human behavior and its motivations. Continuing emphasis is placed on staff development since the agency realizes that a competent staff continuously alert to its deep responsibility for human welfare is the greatest asset of any welfare organization.

food with thought

How to make the proper allowances in the relief budget and how to insure proper use of those allowances have been the continuing concern of the Home Economics Division. Unflagging attention to price fluctuations must be given, for sharp price increase means that the standard budget automatically becomes inadequate. On the other hand, marked price decreases result in the unnecessary expenditure of part of the taxpayer's dollar unless conforming budget revisions are made.

Public assistance does not attempt to maintain a family on the level to which it may have been accustomed; it provides a maintenance level. Therefore, if a relief family, through mismanagement or careless or uninformed purchasing, realizes only ninety cents from the expenditure of every dollar, the family will be living on a scale that is ten percent below the maintenance level. Wherever the household economy is geared to grants of public assistance, waste means want.

BALANCING THE BUDGET

In order to adjust allowances to changing prices, the Home Economics Division conducts periodic price surveys of food, clothing and other goods and services. During the war and reconversion years, changes in specification have been necessary because much low-cost merchandise has disappeared from the market and hidden price increases have resulted from lower quality. Such market conditions demand more frequent checking in order to ascertain fair prices for scarce merchandise.

At the same time, the Home Economics Division gives complete advisory services on economical home management. Classes are conducted and current information on food, nutrition and management is given to Case Workers so that they can assist recipients in managing the grant to best advantage. Recipients' waiting rooms contain nutrition exhibits and pamphlets which may be taken home. When needed, menus, market orders and similar aids are made available. In some instances, the Home Economist works directly with the family, but more often management problems are discussed with the Case Worker and plans are made for helping the family to meet those problems.

For many years the Department of Welfare was handicapped in its planning by inadequate funds but since 1942 assistance has been granted on a 100% basis.

The standard budget, used in determining eligibility for assistance and the amount of assistance granted, has been revised from time to time to provide adequately for the needs of recipients and to meet accepted standards for the maintenance of health and good nutrition.

for children only

Throughout history each succeeding generation has tried to bolster its prospects for immortality by pinning its unfulfilled hopes upon its children. Every child, regardless of the station in life his parents may occupy, is regarded as a potential leader of tomorrow's citizenry, preparing himself to make a full contribution to his community.

How best to guide dependent children along the road to constructive citizenship and useful, happy lives is the constant concern of the Children's Division of the Department of Welfare.

When a child comes to the attention of Childrens' Division, a thoroughgoing study is made to determine whether it is possible for the child to remain in his own home, which is normally the most desirable course. Some of the reasons for caring for children outside their own homes are desertion or death of parents, physical or mental illness of parents, poor facilities for the care of the sick child, and extreme personality and behavior problems of the child with parents who are unable to serve him adequately.

Before a child is placed in a foster home a careful analysis is made of the prospective home; the more familiar the Department can be with both the home and the foster child, the better it can match the two. Great care is taken to evaluate the motives of prospective foster parents in offering homes to children. Their attitudes, home surroundings, social activities, experience with children—in short, all factors involved in home life are carefully analyzed before children are placed with them.

A HOME FOR EVERY CHILD

Foster homes are made available as a result of recommendations of persons who have accepted foster children; in response to talks given by members of the Children's Division staff at women's clubs and civic organizations: following publicity in newspapers or on the radio. But at no time have there been enough acceptable foster homes to insure satisfactory placement of all the children in need of that service. Children in need of specialized care are placed in institutions

Whatever plan is developed for the child's proper care, he remains under the medical supervision of the Children's Division Clinic and under the social supervision of a caseworker, who is responsible for following his adjustment in the foster home or institution, in the school and in the community.

Originally service was limited to children whose families were receiving assistance from the Department of Welfare and to children 16 years old and older who were eligible for assistance in their own right. In 1942 the policy was revised to include children whose families were not receiving assistance but who could not pay the full cost of outside care for their children. This group of children could be accepted if referred by the Juvenile Court and if the Juvenile Court had been unsuccessful in obtaining care from any other agency.

In 1944 another revision provided for the acceptance of children in this latter group upon consent of parents or relatives if no delinquency or neglect was evident. It provided also that Juvenile Court could refer eligible children directly without first attempting to secure care through other agencies and that board could be paid in institutions in the community for children in need of that type of care.

The board rate paid by the Department of Welfare for foster home care has increased since 1942 from a maximum of $25 per month to a rate which can be adjusted to cover the costs of the child's care, including service for extremely difficult children. Because eligibility was originally limited to children of families receiving assistance, parents made no financial contributions toward the maintenance of the child. As employment opportunities increased in the early 40's, an increasing number of families made contributions toward the support of their children. In 1945, for example, an average of $2,774.28 was received monthly.

The Homemaker Service was established in 1942. Homemakers are placed in homes in which the mother is temporarily out of the home or is at home but too ill to care for her children; they may also be placed in motherless homes in which the father is incapacitated. In June, 1946, Children's Division, which is licensed by the Division of Child Welfare of the State Department of Public Welfare, served 2,160 children in foster homes; 366 children in 38 institutions; and 48 families by homemakers.

a sound body

In order to cure and to prevent illness, which is so costly not only in terms of money but also in terms of human resources, a full-fledged medical program has been developed. At the beginning of the depression, as the need for free medical care rose abruptly, the resources to provide it became proportionately scarcer. In 1932 Cook County Hospital was overflowing, voluntary hospitals and clinics were cracking under the load and County Doctors' Service had exhausted its entire year's budget the first three months of the year. As a result, the Medical Relief Service was set up as an integral part of the general assistance program.

The service includes provision for care of acute illness, chronic illness and convalescence. Recipients choose any one of the 1300 doctors cooperating in the program for either home or office consultation. Fees are paid by the Department of Welfare in accordance with a pre-arranged schedule. Care in the home also includes the services of the Visiting Nurse Association.

Prior to 1943, the Department of Welfare obtained necessary hospital care for its recipients in the Cook County Hospital and other tax-supported institutions without cost to the agency. This arrangement came to an end when an agreement was entered into with the Cook County Hospital in 1943 providing for payment of a fee on the same basis as payments made to voluntary hospitals. By agreement between the County Board of Commissioners and the Department of Welfare, the so-called long-time or chronically ill patients were referred to Oak Forest and cases of acute illness were referred to Cook County Hospital and to the twelve voluntary hospitals to which a fee was paid.

COMPLETE MEDICAL SERVICE

Ambulant patients in need of medical care are referred to established clinics in the community. As in the case of hospitals, full use is made of tax-supported organizations before referring patients to other clinics. As part of the Dental Program for relief recipients, a central examining unit has been functioning for the purpose of determining the amount and type of dental work to be authorized, for the assignment of specific work to the dentist of the recipient's choice and for periodic examination of the quality of work performed.

Medical appliances such as braces, eye glasses and others are supplied on the prescription of physicians or specialized clinics in accordance with general policies outlined by the Medical Advisory Committee and the Clinic Section of the Council of Social Agencies.

An important part of the Medical Program as it applies to the possibility of restoring a needy family to self-support is the operation of the Medical Review Unit, which is staffed with physicians skilled in determining physical employability. This unit determines not only the ability of persons to work but also the possibility of rehabilitation.

the road back——

Convalescent Home, established to give medical, nursing and related service to convalescent patients and chronic patients whose homes do not offer the care required, was opened in 1936. Originally operated by WPA and sponsored by the Department of Welfare, it became the full responsibility of the Department in 1942. During the first two years of its existence, Convalescent Home provided facilities not only for medical and surgical convalescents but also for the treatment of "emotional disabilities."

In the cheerful and spacious quarters of Convalescent Home, two physicians, one of whom is the Medical Director, are on duty four days a week for three hours a day. They are on call and available at all times. Applicants for admission are subject to the approval of the Medical Director and no patient may be discharged without his doctor's approval. The doctors order all dressings, medication, physiotherapy and occupational therapy.

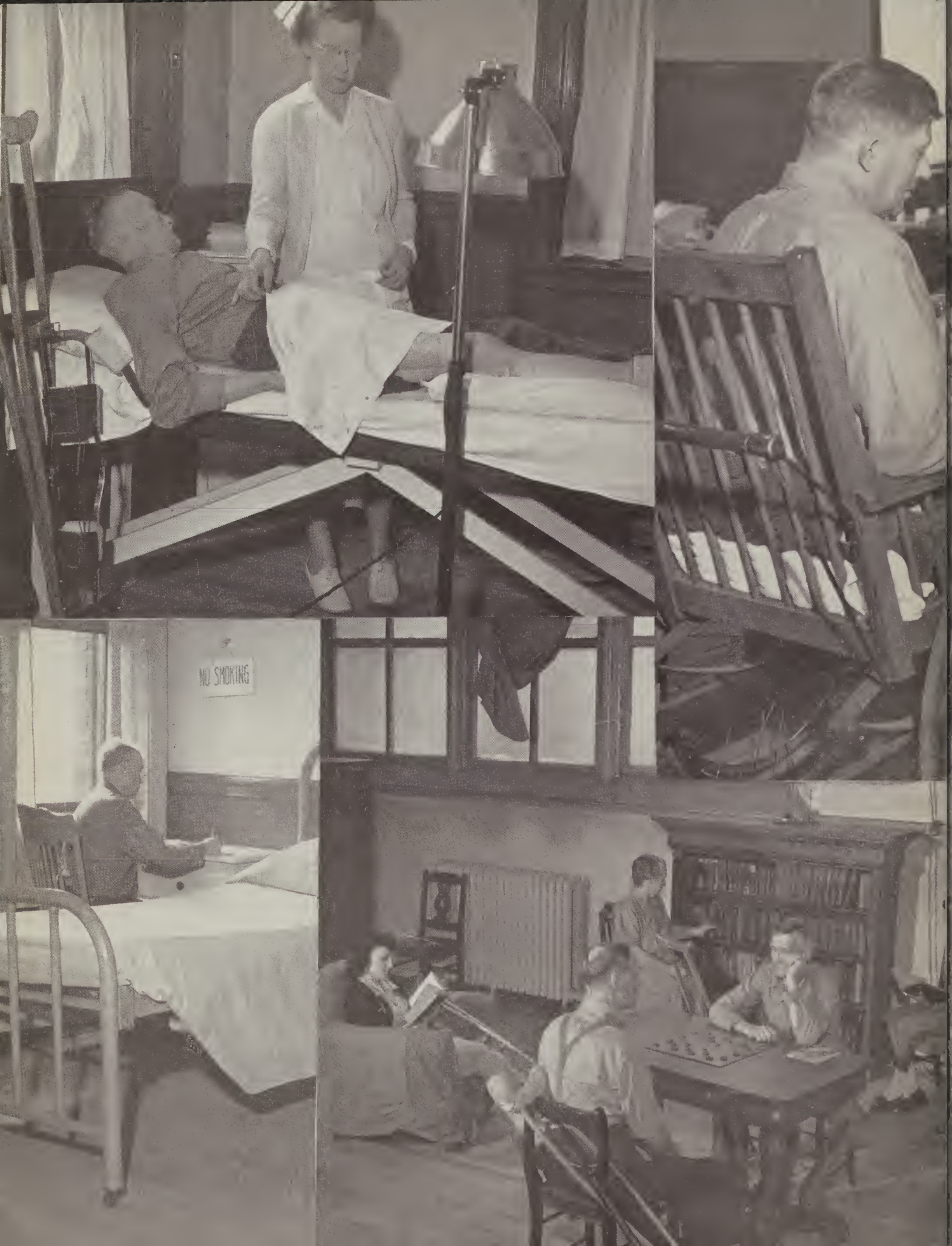
The nursing staff is on duty 24 hours a day, in shifts of eight hours each. A Superintendent of Nurses and three supervising nurses act in a supervisory capacity and are assisted by general duty nurses and attendants.

Meals are planned by a trained dietician, who also sets up therapeutic diets and directs the preparation of the food. Bed patients, who are unable to go to the dining room for meals, receive tray service.

A Medical Social Worker acts as liaison between the patient and the social work organization. She arranges for hospital, clinic and dental care, artificial limbs, appliances, clothing, shoes and other necessities. A registered pharmacist compounds prescriptions and dispenses drugs as directed.

As authorized by physician's prescription, a physio-therapist gives such treatment as various types of massage, special exercises and heat treatments and instructs patients in the techniques of using crutches and braces.

One of the most popular and not the least important activity at Convalescent Home is occupational therapy. An occupational therapist conducts a shop where crafts in metal, leather, wood and other forms are taught. She also directs the activities of women patients in knitting, sewing and allied crafts.


NO SMOKING

men without a city

Whenever personal ambitions are larger than the immediate outlook, men pull up stakes and move to greener pastures. Migration, since the earliest days of American history, has thus become a normal, healthy safety valve in our country's economy, for it offers new opportunities in normal times, makes possible full use of our resources in time of crisis and helps balance manpower in time of plenty.

The economic and social problems of migrants have always been the concern of welfare organizations, which must accept responsibility for meeting the needs of stranded persons. In the Department of Welfare the Inter-Agency Unit is designated to deal with the problem of migrants. This, briefly, involves the issuance of assistance to non-residents, the cost of which is borne by the governmental unit of legal residence; arrangement for return of non-residents to the place of legal residence; arrangement for the cost of care extended to Chicagoans stranded outside Chicago; verification of legal residence and authorizing return of Chicagoans stranded in other places.

HELP AT THE CROSS ROADS

Migratory workers fall into several categories: Many are wandering workers who devote themselves to casual labor. Depression migrants were refugees in origin and settlers in purpose; for them migrancy offered the possibility of escape from economic disadvantage to settlements of economic hope and security. The war-time migrant, in addition to seeking economic gain, was also motivated in part by a patriotic urge.

Because of its size and strategic position as one of the most important transportation centers in the country, Chicago has long been a crossroads for a highly mobile population. In 1939 an acute situation developed because of the enactment of the Residence Law requiring three years' residence in Illinois and one year in a given locality prior to application for relief. Under the law many persons were found to have no legal claim for assistance on any community. Inter-Agency Unit was authorized to obtain any available relief or services from private agencies and other community resources, all of which immediately felt the impact of the effects of the law. It was not until July, 1945, when the law was revised to allow assistance to persons who had made their last permanent home in Chicago for a continuous period of six months with one year's continuous residence in Illinois, that this chaotic condition was relieved.

The conclusion of World War II and the subsequent industrial reconversion for peace-time production resulted in the dislocation of some persons and produced another migratory trend. Many veterans, attracted by the hospitality offered them in Chicago have come here to establish permanent settlement. Because industry has been unable to absorb all of these persons in the production field immediately, it has been necessary to assist some of them to return to their places of legal residence.

personnel

An organization is as good as the members of its staff. Since this is especially true of a service organization, the greatest possible care has been exercised to develop a personnel program consistent with the exacting demands of welfare administration.

During the past ten years staff requirements have fluctuated in direct proportion to the case load, with the result that the present staff numbers 660 as compared to 2858 in 1939. Such fluctuations having been foreseen, the personnel program was designed for flexibility permitting rapid increases and decreases in staff with full consideration of both the employees' best interest and requirements of the welfare program. Staff is selected, promoted, reclassified and separated on the basis of a merit system. In order to determine an employee's rank within his classification, a merit rating list is maintained and revised annually. Such revisions are made on the basis of annual evaluations of performance by the employee's supervisor. The employee's rank on the merit rating list is arrived at by weighing his performance at 90% of the total grade and his service credit at 10%.

A comprehensive program of job analysis and position classification was inaugurated in 1939 and is a continuing process so that at any time the requirements of any given position are known. After all the positions had been classified, a Salary Administration Plan was established, with a salary range for each position, providing for maximum salary for the position after four years of satisfactory service. Semi-annually a salary survey is conducted to determine rates for comparable jobs in industry and other organizations and salaries are adjusted accordingly.

The

Staff

more about personnel

A promotional file is maintained of employees who have been recommended for promotion to supervisory positions. When a vacancy occurs in supervisory classifications, the three highest ranking employees in the promotional file are referred to the employing division for selection. Upgrading in non-supervisory positions proceeds by employee application for announced vacancies and referral of the three highest ranking qualified employee applicants. Downgrading within classification sequence follows merit rating lists. A testing program was initiated and is maintained to aid in the selection of applicants and, on occasion, to assist in certifying employees for promotion.

Two weeks' vacation and a maximum of 15 working days' sick leave with pay are allowed each year. A maximum of six months' leave of absence without pay is allowed for academic training, maternity, or illness.

THE STAFF ELECTS

In order to develop staff participation in and contribution to personnel practice, a Personnel Advisory Committee is elected each year by a vote of the entire staff to present advice and recommendations to the Personnel Division. A suggestion system called Staff Ideas, Unlimited, was put into effect in 1945. In the course of a year more than 325 suggestions were made by staff members.

Further staff participation in the making of personnel policies is assured by means of a Counseling Program, in which each employee is scheduled for a 15-minute semi-annual interview with the Director of Personnel. No interviewing formula is adhered to in these interviews, employees being encouraged to present any problems or suggestions they may have. As a final contribution to the personnel program, each employee who resigns is given an opportunity to make suggestions, complaints, or comments in an exit interview with the Director of Personnel.

Social and recreational activities of the staff are directed by a Staff Contact Committee elected by all members of the staff. It is a continuation in permanent form of a committee active during the war in sending gifts and publishing news letters for employees on leave of absence for service with the Armed Forces. The Committee has provided furnishings for the staff gymnasium and recreation room. Appropriate gifts or flowers are sent to staff members on occasions of births, marriages, illness, or deaths in the family.

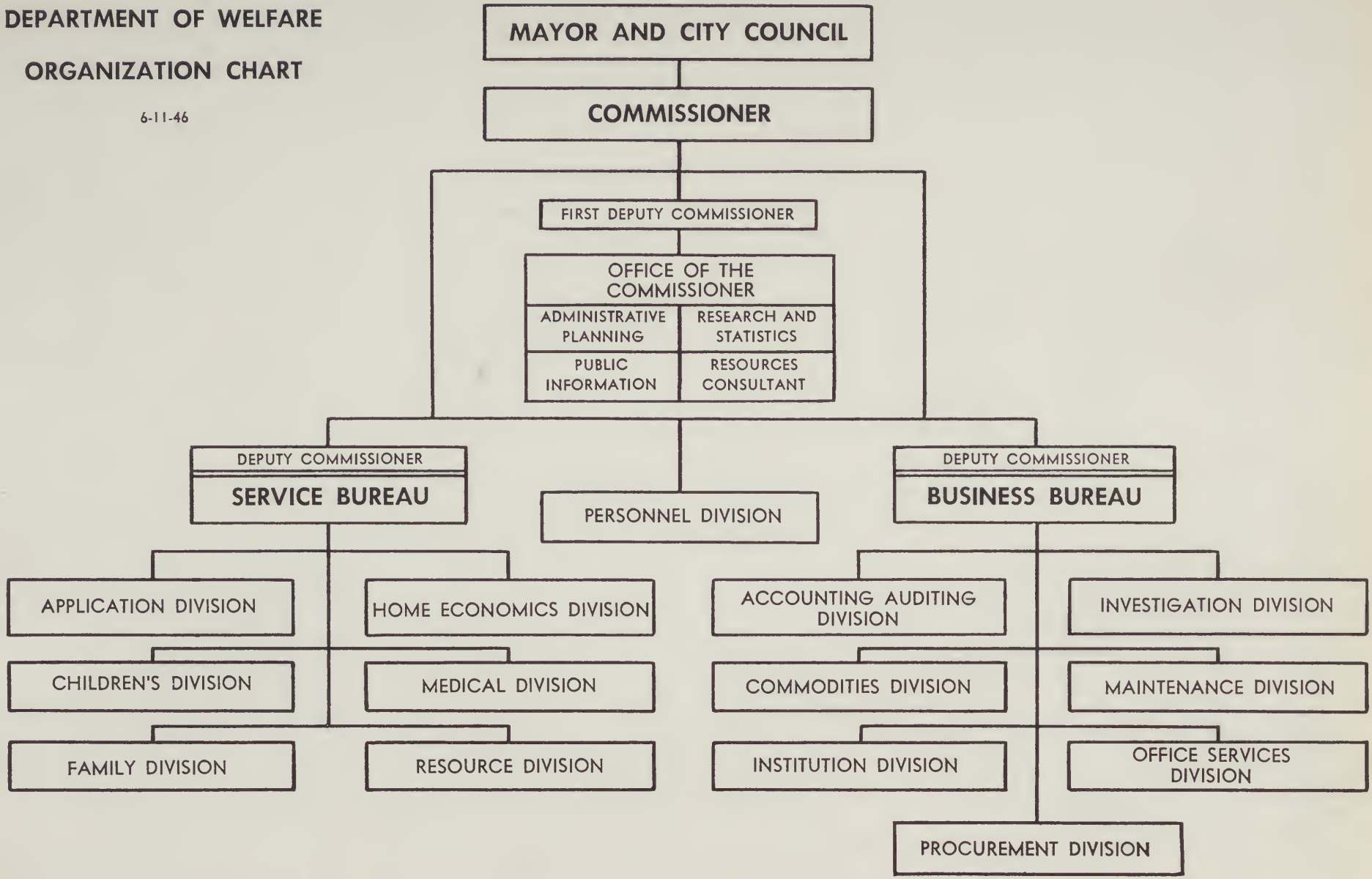
For the convenience of staff members a non-profit cafeteria is operated under the direction of a trained dietician. Lunches and rest period refreshments are served at cost. More than 90% of the Department's personnel possess membership in the Blue Cross Plan for Hospital Care under a salary deduction program. As a further development in the Health Program, a staff nurse is on duty in the Welfare Building during the working day to give advice and first aid to employees suffering illness or injury on the job.

CITY OF CHICAGO

DEPARTMENT OF WELFARE

ORGANIZATION CHART

6-11-46



calling all assets

Because insurance is something purchased for "tomorrow" it is often the first target of personal retrenchment. Persons beset by unemployment and financial distress frequently drop or ignore their insurance commitments in favor of providing food and shelter for their families. However, in many cases, the insurance policies so neglected have material value of which the insured is unaware. Without expert guidance and advice the value of such supposedly dead holdings might never be revealed to the recipient.

In order to assist in the realization of some return from unsuspected assets of various kinds, and to minimize or eliminate the need for public assistance, the Resource Division functions to give specialized attention to these problems.

Every applicant for assistance is interviewed by members of the Resource Division and the material related to his resources organized for his maximum benefit. The provisions of all contracts are explained. Frequently the insured is not aware of his rights and privileges in the insurance contract. For example, the Resource Division has assisted many recipients in filing claims for paid-up insurance because of disability. In many such cases the recipient was of the opinion that the policy had lapsed because he had not paid his premiums for a considerable period of time.

REVIVING DORMANT DOLLARS

Retention of sufficient insurance to meet burial expenses is allowed. A complete report of the recipient's real estate holdings is obtained. He is required to list all property other than homestead with any broker he chooses. Budgetary allowances are made for the retention and maintenance of the homestead.

In recent years there has been a noticeable increase in the number of applicants who have either present or potential resources. A total of approximately $3,500,000.00 in assets of all types has been conserved for recipients and applicants in ten years of operation.

The function of the Department of Welfare to furnish assistance, implies a responsibility to recover assistance funds obtained through misrepresentation. Cases involving suspected misrepresentation are referred to the Resource Division for analysis and to the Investigation Division for collection. If misrepresentation exists, a plan is made with the recipient for repayment. The recipient signs a written promise to make restitution when he is in a position to do so. In the past ten years approximately $500,000.00, one-half of the claims, have been paid. But the essential honesty of applicants and the thoroughness of investigation prior to the issuance of assistance are reflected by the fact that the amount of money obtained through misrepresentation was less than one percent of the total funds disbursed.

the business end

The magnitude of the management and business functions which sustain and support the program of giving assistance is little realized by the general public. Here the devices and management techniques of "big business" are employed in an effort to administer efficiently and economically a program that has called for the expenditure of as much as 37 millions of dollars in a single year.

Fiscal matters, general management and control, procurement, maintenance and production of physical facilities, and the general office services are the responsibility of the business staff.

Property management and maintenance have entailed programs of leasing, planning, manufacturing, construction and direction, all in mass proportion, frequently against over-night demand. Real estate management, now a nominal factor, was a large concern during most of the ten year period. At the peak sixty properties were in operation for office headquarters, warehouses, manufacturing and commodity distribution. Leasing, lay-out, utilities and equipment, often had to, and did materialize in a fraction of any reasonable schedule.

Outstanding in the record is the clothing manufacturing project which utilized 5,000 WPA workers around the clock. Tons and tons of surpluses and other commodities, including milk and clothing, had to be warehoused and distributed.

ADMINISTRATIVE COST ONLY 9.4%

The contracts involved, the purchase of the masses of material, equipment and supplies, necessitated a large scale procurement program. This, or any one of the several phases of the business operation, in stature and character, rates with "big business" under any appraisal. Approximately 235 millions of dollars were disbursed during the ten year period, and it is of particular interest to note that of this total only 9.4% was used for administrative and overhead expenses.

Large numbers of persons were employed in accounting, general office and clerical services to handle the mass of detail and paper work involved.

An executive office staff, identified on the organization chart as the Office of the Commissioner, responsible for planning, research, methods development and control, and public information, is the management laboratory by which the world of management and "big business" was entered and put to service in this public enterprise.

Here operates the imagineering and management engineering that is necessary for sound organization, efficient and productive operation, constant refinement and development. Here scientific management devices and industrial techniques have been adapted and applied along with original methods and findings.

wise counsel

Although at the outset relief was generally regarded as an emergency measure, forward-looking individuals realized that the country was faced with more than just a temporary industrial dislocation and they began asking questions that demanded answers. How much relief is enough for maintenance and decency? What about immediate and long-range medical needs of persons receiving assistance? Will growing up in a "relief" family have an adverse effect upon children? Can housewives be taught proper management so that no part of the assistance grant will be wasted? The questions multiplied and they were not questions that would answer themselves.

It was soon clear that expert advice would have to be sought. Professional men and women who had devoted their lives to the study of questions of human welfare were consulted. From these first gropings for skilled assistance grew the advisory committees whose members have given invaluable aid to the Department of Welfare in the development of its program.

THE ADVISORY COMMITTEES

The Health Advisory Committee advises the Department of Welfare on general policies and procedure, and on other questions not falling within the jurisdiction of the Advisory Committees in the technical fields. It has rendered exemplary service in correlating the activities of community agencies participating in the health program.

The Chicago Medical Society's Advisory Committee has made an outstanding contribution to the community in the professional guidance of the Department's Medical Program. This committee passes upon the qualifications of physicians offering to serve in the program and gives professional supervision to those participating. It also serves in an advisory capacity to the Department's Medical Division on all critical questions involving medical needs of recipients.

The Chicago Dental Society Advisory Committee has not only given excellent advice and assistance in the building of a sound dental program, but has also provided resources for dental service. The Advisory Committee to the Home Economics Division has ably assisted in solving some of the thorniest problems in the field of public welfare. This committee participates in the formulation of standards and policies and guides the Department in the expenditures of funds for adequate normal and therapeutic diets.

The Retail Druggists' Association Advisory Committee has given valuable technical advice on policies and supervision relating to all problems of pharmaceutical practice.

The Children's Division Advisory Committee, having among its members some of the foremost authorities on child welfare in the country, has given unstintingly of its time and consideration, as a result of which the Children's Division enjoys a nationwide reputation for leadership in the field of child care.

MEDICAL ADVISORY COMMITTEE

Dr. Warren W. Furey
Dr. Julius Hess

Dr. Fred H. Muller
Dr. Charles H. Phifer

Dr. James H. Hutton
Dr. Joseph Chivers

CHILDREN'S DIVISION ADVISORY COMMITTEE

Rev. Theo. Thormahlen
Mrs. Zephyr Stewart

Rev. John Houlihan
Mabbett K. Reckord

Miss Ethel Verry

Joseph L. Moss
Miss Marion K. Craine

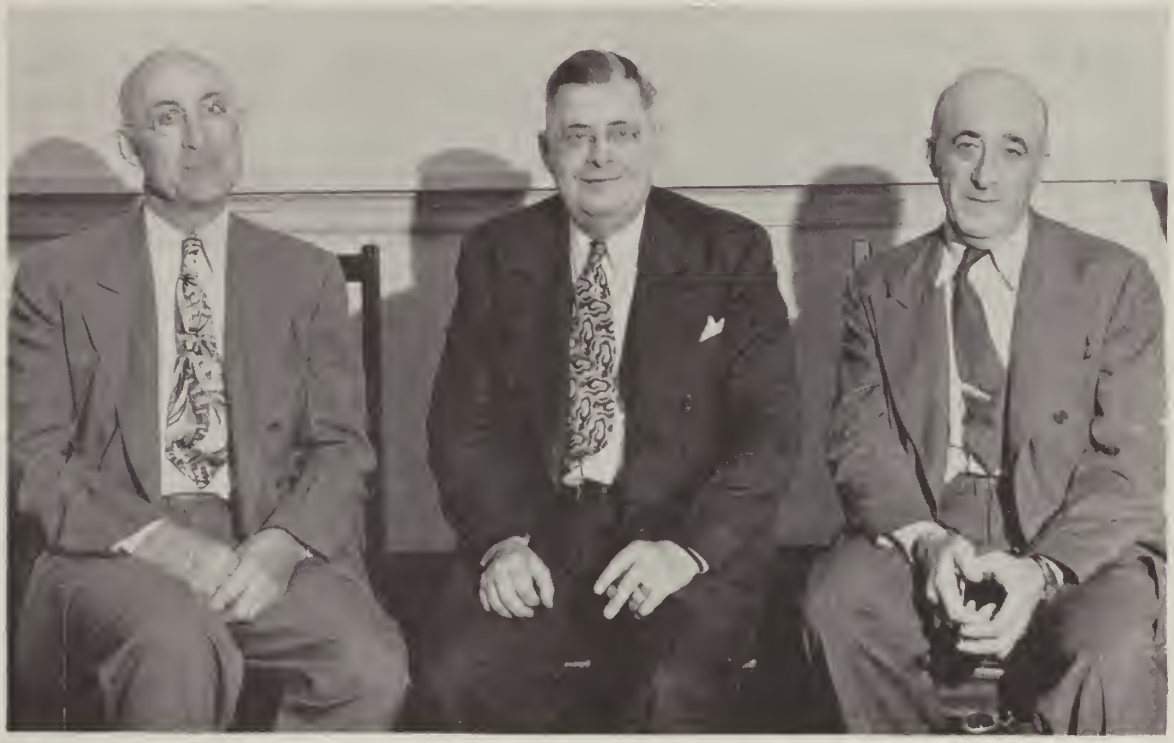
DENTAL ADVISORY COMMITTEE

Dr. C. H. Brevig Dr. W. J. Serritella Dr. J. F. Porto

HOME ECONOMICS DIVISION ADVISORY COMMITTEE

Laurence T. Rogers
Miss Mary E. Murphy Dr. Adelaide Spohn Dr. Robert W. Keeton
Miss Elizabeth Vaughn

DRUGGISTS ADVISORY COMMITTEE



Dr. George L. Secord | John H. Poprocki | Nathaniel A. Lyons

HEALTH ADVISORY COMMITTEE

Miss Mary Westphal | Miss Elizabeth McConnell

Mrs. Marcus Hirschl | Alexander Ropchan

pioneering

From 1936 until 1938 the Department of Welfare maintained the intake system followed by its predecessors. Each of the 19 district offices had an intake unit. Persons living within the geographical area served by the district office applied for assistance at that office's intake unit.

In 1937 it was decided to establish an experimental centralized intake office, in order to determine its effect on efficiency, cost of administration, crowded conditions in district office waiting rooms, and application of intake regulations. As a result, Central Intake Service was organized in August, 1938, charged with the responsibility for gradually absorbing the intake functions of all district offices. Veterans Relief Section and Catholic Charity Bureau, as city-wide services, were exempted from this plan.

TESTING A THEORY

The responsibility of Central Intake Service was limited to conducting investigations of applications for assistance and determining eligibility on the basis of residence and economic need. The three steps in processing an application included a preliminary interview, a final interview and a home visit. The preliminary interviewer made a quick survey of eligibility and, if the applicant was not obviously ineligible for assistance, a final interview was scheduled. The applicant was instructed to provide all available types of verifications and confirming documents for the final interview, which was a longer and more searching interview. At the completion of the final interview, if the applicant appeared to be eligible, the application was notarized.

All available data on the application were then sent to the Home Visiting Unit, where a worker was assigned to complete the investigation by visiting the home of the applicant, calling on relatives, employers, schools and others and making whatever final verifications were necessary. If the applicant was then determined to be eligible for assistance, relief was instituted and the case was sent to the appropriate district office. Rejected applications were sent to Central Files.

Within a year Central Intake Service had absorbed the intake for all but four district offices and was processing 70% of the applications for the city. In 1940 it was decided to amplify the experiment by setting up regional intake offices, apart from district offices and operating under the supervision of Central Intake Service. The name was changed to Application Service and five additional regional offices were opened. Coincidentally the volume of applications dropped and the number of regional offices was reduced to four. By June 1941, because of the very rapid decrease in applications the regional offices were recombined into one office.

The traffic in applications contined to decline from 1941 through 1945. This decrease resulted principally from increased employment possibilities because of defense and war work, which served also to increase the earnings of many persons

who were thus able to care for handicapped or aged relatives who might otherwise have had to apply for assistance. The type of applicant also changed from a large number of employable persons to those who were unemployable because of age or illness or who were handicapped to an extent which limited their placement in jobs.

During this period there were some changes in the laws of the State which had a direct bearing on eligibility for assistance. The Residence Law of 1939 which made it necessary for a person to reside in Illinois for three years and in Chicago (the local governmental unit) for one year was changed in 1945 to require one year in Illinois and six months in Chicago. At the same time the law was revised to permit the acquisition of residence even though the individual were receiving public assistance.

Since 1943, when the Department's activities were fully centralized, the intake process has been carried on in the same building as all other activities. Preliminary and final interviews are taken by Application Division and the case is then sent to Family Division for home visit and continued supervision.

It was found during the period of separate centralized intake that office and professional efficiency increased through specialization, the cost of administration was considerably reduced, crowding in district offices was noticeably diminished, less shifting of personnel was required to meet the changing demands of intake and intake regulations were uniformly applied. Service to the needy was expedited and the possibility of confusion because of variations in the application of regulations was eliminated.

pioneering

The Department's case record and control files, like intake and all other functions, were completely decentralized until 1938. Records and files on both active and closed cases were maintained in the 19 respective district offices. Economical and efficient clearance was a virtual impossibility and the Department learned that much of the information purchased from the Social Service Exchange, which is a social service clearing house, could have been obtained from its own files, if those files had been organized in such a way as to permit rapid and accurate clearance.

As a result the enormous task of centralizing the files was undertaken in July 1938. As rapidly as the intake function of a given district office was absorbed by Central Intake Service, the closed case records and index cards of both closed and active cases were integrated into Central Files. Concurrently there was prepared for each case record an index card, a cross reference card, street card file and a case registration card.

FILES ON PARADE

Central Files began to function as a clearing house for Central Intake Service from the time the first applicant came to Central Intake. As Central Intake absorbed the intake function of the district offices, one by one, Central Files acquired the applicable closed case records, and efficiency and improved service became more apparent as Central Files grew larger. At the time of application the intake interviewer initiated clearance with Central Files and secured the old case record or whatever other information was available. Up to that time, it had been necessary to clear first with Social Service Exchange, frequently to learn that an old case record was in the files of one of the district offices. It was then necessary to clear with the indicated district office. If the case record was there, time of transit to the office where the new application was being made was a matter of hours at best. With centralized files the transaction was completed in a matter of minutes, with resultant improved service to applicants.

Originally established as an arm of Central Intake Service, Central Files was soon given the status of a separate service and in November 1940 integration of the 20 separate files was completed. During the peak period of activity 145,000 items were cleared through the file each month. These items consisted of identification slips, WPA forms of various types, NYA, OAA, IERC and ISES forms, miscellaneous correspondence. In addition, all available industrial payroll reports were cleared in order to insure the prompt closing of cases containing employed members. Death notices were also cleared in order to make possible budget adjustments at the earliest possible time. Approximately 5,400 telephone calls were handled by the clerks each month. In order to maintain an even flow of work so that prompt service could be given, a separate night staff was on duty; Central Files thus provided a 24-hour a day clearing service.

pioneering

During the process of centralizing the files a number of duplicate case records were found. These records were cleared and combined, cross references made on various names used and those cases which were active were carefully examined for possible misrepresentation.

Complete centralization saved the Department the fees which had previously been paid for clearing cases, because the need for clearing with Social Service Exchange was reduced to those cases for which no record could be found at Central Files. Important though the saving of money proved to be, the increased efficiency of centralization was not an inconsiderable factor. In addition to the gains in time within the Department of Welfare, member agencies clearing with the Social Service Exchange and Receiving Department of Welfare registration received much faster and more accurate information than could be given before centralization. Case Readers were assigned to Central Files Service to prepare summaries and reports on closed cases as required. Valuable service has been given not only to welfare organizations but to such agencies as Bureau of Missing Persons, Civil Service Commission, Secret Service, Federal Bureau of Investigation and the Department of Postal Inspection.

The concentration of all Department activities in one building resulted in a similar consolidation of all the active files. As the Department goes into its eleventh year, the files consist of approximately 12,000 active records, 800,000 closed records, 1,410,000 index cards, 400,000 street file cards, and 425,000 case record registration cards.

pioneering

When in 1939 employment possibilities began to improve, the Department of Welfare embarked upon a vigorous program pointing toward the placement of all employables in jobs and the rehabilitation and reemployment of all marginal workers.

The obviously employable persons were beginning to make the change from relief rolls to payrolls with comparatively little difficulty as the country's defense effort threw the industrial machine into high gear. Demands for labor became so insistent that the Department discontinued assistance to unattached employable men. The large demand for experienced persons in the domestic field made it possible to require that persons under fifty who could fill service jobs accept such employment. These policies were effected without hardship to the individuals, as was reflected by their rapid absorption in the labor market. Within 60 days after the beginning of this program 80% of the unemployed domestic workers were employed.

Job orders from employers flowed into Placement Service in ever-increasing volume and the relief load began a steady decline. Work-relief and other made-work projects were liquidated. But what about those who were not immediately acceptable to employers? What about the young, the old, the partially handicapped, the members of racial minorities? These persons suffered not only the disadvantage of incomplete acceptability by employers but also the added burdens of a defeatist attitude engendered by rebuffs in the search of employment. Many of them regarded their employment possibilities as non-existent.

MEN AT WORK

The Department thereupon launched a double edged attack against continued dependency of marginal workers. A program of educating employers as to the usefulness of this residual labor pool was developed. Equally important, an intensive drive was made to convince this marginal group that employers would be willing to consider hiring them.

The Field Staff of Placement Service visited employers, urged consideration of the marginal employables, pointed out that a man's racial identity had no bearing on the quality of his work, cited cases to demonstrate that certain physical handicaps were not detrimental to full performance on certain jobs, that youthful inexperience and advanced age were not necessarily hopelessly disqualifying for certain types of work.

While the Field Staff was seeking and securing the cooperation of employers, the office staff was preparing the marginal employables for a renewal of activity in the labor market. The Medical Examining Unit, staffed with physicians skilled in determining physical employability, made its examinations not only to determine the ability of persons to accept jobs but also to define corrective action aimed toward rehabilitation.

pioneering

The Placement Service office staff developed a program of job counseling conducted by skilled interviewers who attempt to recreate a desire for work by building morale through giving the individual a sense of his own fitness and value as a worker. It is noteworthy that approximately 50% of the job placements were obtained by the recipients' own efforts under the guidance of the interviewers.

For a time job counseling was supplemented by the group interviewing program in which the case worker met with a group of employable persons in his case load to review their employment problems. The purpose was to stimulate personal initiative and the will to work. Recipients of borderline employability who clung to the security of the periodic relief grant were given assurances of immediate reinstatement of assistance following loss of employment. The Department's policy of discontinuing assistance to persons refusing to accept employment which they could perform was emphasized.

EMPLOYERS COOPERATE

The success of the program was evident in the flood of job orders that came in to Placement Service from employers and in the comments of employers on the successful adjustment of former relief recipients in jobs. Discrimination against relief recipients as potential employees subsided; prejudices in connection with color, sex, age, and certain work limitations declined.

Between June 1942 and December 1945 more than 16,000 recipients or applicants were placed in gainful employment and at the beginning of 1946 the number of recipients of any practical degree of employability was negligible. Because the individuals in the residual case load had very little occupational range and were consequently limited for potential job opportunities, the Department decided to extend its sheltered work program.

Emphasis in this program is placed on very simple employment through which the recipient can earn small amounts to supplement his budget for the purchase of personal incidentals. In conjunction with the program of employment counseling and intensified placement, it is expected that it will be possible to concentrate on the upgrading of the worker and to provide vocational rehabilitative training or employment.

The intensified program, as planned, provides for: (a) long term as well as short term counseling; (b) an adequate number of qualified counselors who are also equipped to make placements and to deal with potential employers; (c) adaptation of vocational plans according to information obtained from the case record and medical summary, supplemented by frequent staff conferences on individual cases with the case worker and medical social worker and/or the examining physician; and (d) necessary facilities for psychological, psychiatric and other specialized consultation on all cases where the need for such services is indicated.

pioneering

One of the maxims of business is "You have to spend money to make money." Although the profits realized by the operations of the Department of Welfare are not always as tangible as those shown on the balance sheets of corporations, an experiment was conducted within the Department in 1937 to determine whether the maxim was applicable to the operations of a welfare organization.

The relief load had been rising steadily despite the fact that 46% of the families receiving home assistance contained one or more employable members. In an effort to disclose the reasons behind this paradox, a study was made of two thousand assistance families, taken at random, and the methods and procedures of each of the nineteen district offices were closely observed.

TWO HEADS ARE BETTER

From this investigation grew the Canal Demonstration; the Department conducted an experiment at the Canal District Office from February through April 1938 to discover what could be accomplished by a demonstration unit operating under improved conditions. Eleven other district offices, with case loads similar to those at Canal District, were chosen as control offices.

A major innovation in the experiment was the allowance of added funds for administrative expenses and increased staff. Floor plans and office layout were revised, procedures were refined and simplified and additional equipment was provided for the Canal office. The additional personnel was typical of that in all other district offices, but with twice as many workers operating in the Canal office, the average case load per field worker was reduced from 169 to 80 cases, and the case load over which each supervising case worker had responsibility was decreased from 1,350 to 450 cases, allowing more comprehensive investigation and intensive treatment.

Obviously administrative costs rose sharply but relief costs dropped even more sharply and during the three-month demonstration period a total of $14,000 was saved. Canal's case load decreased by 10%, while the case loads of the control offices increased by 11%. The more thorough investigations made possible by increased staff resulted in benefit to the applicants and recipients in terms of improved services. Additional equipment and rearrangement of office layout increased the efficiency of the staff. Better organization and division of work through specialization increased coordination and cooperation between departments.

As a result of the experiment the Department of Welfare adopted as standard practice those improvements in reorganization, staff standards, procedures, equipment and control which could be applied within the financial restrictions under which the Department is required to operate.

pioneering

With the exodus from the assistance rolls of those persons whose problems were simple unemployment it became apparent that adequate service could not be given without skilled attention to personality problems that might exist. Occasionally personality problems prevent or delay the rehabilitation of a person receiving assistance. In some cases such problems are the very cause of the need for public assistance.

BEHIND THE ACT

Recognizing that special analyses are required in cases such as these, the Department of Welfare arranged for the services of a psychiatrist, whom the case workers may consult in approaching the problems presented by recipients. The psychiatric consultation is conducted twice weekly in the form of a seminar, with individual case workers presenting fully documented cases for the analysis of the psychiatrist who is also available for personal interviews with the subjects of these consultations.

The psychiatric consultant's interpretation assists the case worker and the supervisor specifically in the cases under analysis and generally in understanding the motivation of behavior of individuals who present difficult personality problems. Treatment prescribed by the psychiatrist not only expedites the restoration of adults to independent status in the community but also serves to arrest and eliminate undesirable personality developments in children and adolescents.

pioneering

Tomorrow's welfare workers will come from the classrooms of today. As a means of providing practical experience for students from accredited Schools of Social Service Administration in Chicago, Student Field Work Units have been assigned to engage in case work service under the supervision of a Field Work Supervisor, employed by the school, and a liaison supervisor supplied by the Department of Welfare.

THE TWIG IS BENT

The Department supplies the cases to be carried by the student unit, provides material assistance for these cases, sets forth the policies within which the unit functions, and supplies necessary space and equipment for the unit. Under close supervision, the student workers have responsibility for a limited number of selected cases.

This plan is of mutual benefit to the student worker and the Department. The former receives the opportunity for practical case work training and experience in public welfare work; the latter receives the benefit of intensive case work service from a group of workers whose activity is not limited by the responsibilities of a heavy case load. During the past ten years 100 theses and student field studies have been completed as a result of material provided by the Department. Fifteen research projects are now in process.

more figures

The ten years from July 1936 to June 1946 was a period of rapid and diverse fluctuations in the number of cases and persons receiving assistance, in expenditures for assistance, in the types and amount of assistance available and in the types of persons requesting and receiving care.

TABLE I. MONTHLY AVERAGE NUMBER OF CASES AND PERSONS RECEIVING ASSISTANCE IN CHICAGO, FROM PUBLIC FUNDS

JULY 1936—JUNE 1946

Year	Average Number of Cases	Average Number of Persons
1936 (July-Dec.)	70,405	181,523
1937	83,286	218,894
1938	93,702	242,892
1939	107,606	253,510
1940	88,437	203,223
1941	66,303	146,175
1942	45,307	91,740
1943	25,572	47,697
1944	17,764	32,001
1945	15,104	26,445
1946 (Jan.-June)	12,612	19,802

The largest number of cases receiving assistance during any one period was 115,668 in June 1939; the lowest number was reached in June 1946 when there were 12,305 cases. The peak month for persons, however, was March 1939 when there were 277,551 persons in 113,848 active cases; the smallest number of persons receiving assistance was 17,889 in November 1945 when there were 12,695 cases.

The types of care provided have changed during the years in accordance with changing needs, changing policies and the availability of assistance or employment through WPA or other channels.

and figures

In July 1936 four types of care were available; namely, general assistance for family groups, foster home care for dependent children, shelter care for single men and women, supplementation of federal WPA wages and of Cook County Mothers' Pensions. These continued to be the only types of care provided through October 1941, when supplementation of the new Aid to Dependent Children Program was begun. This program, supported by Federal and State funds, replaced the County Mother's Pension Program but grants still required supplementation. Such cases comprised 20 to 30 percent of the total load in subsequent years.

In November 1942 shelter care was discontinued. In September 1943 the Department of Welfare assumed responsibility for the care of Chicago residents in the Oak Forest Infirmary operated by Cook County, and in May 1944 arrangements were made for paying for the care of children in institutions. ADC supplementation was discontinued in October 1945 following an increased State appropriation for the ADC program.

TABLE II. YEARLY OBLIGATIONS INCURRED FOR ASSISTANCE AND ADMINISTRATION IN CHICAGO FROM PUBLIC FUNDS, BY SOURCE OF FUNDS

JULY 1936—JUNE 1946

Year	Total	State Funds	Local Funds
1936 (July-Dec.)	$12,520,910	$10,282,249	$2,238,661
1937	31,425,238	23,489,724	7,935,514
1938	34,657,095	27,451,061	7,206,034
1939	37,498,647	32,717,353	4,781,294
1940	37,039,245	31,404,585	5,634,661
1941	27,365,537	22,872,880	4,492,657
1942	19,871,906	15,653,014	4,218,892
1943	12,369,379	7,662,383	4,706,996
1944	9,788,993	5,288,963	4,500,030
1945	8,138,385	3,513,343	4,625,042
1946 (Jan.-June)	3,960 617	2,508,549	1,452,068

and figures

The fluctuations in the composition of the caseload with respect to age, sex, color, size of family and employability in contemporary labor markets have shown several trends. Prior to the war almost half of the assistance persons were female, half were children and half were Negro. The largest single group were Negro females. During the war years the trend was towards more females, more children and a greater proportion of Negroes with a noticeable shift away from the age group between 18-44 years to those over 45 years.

The proportion of both white and Negro one-person cases increased from less than half of the total load in pre-war years to four-fifths in June 1946. The average number of persons per family case was 3.9 in June 1946; more than one-third of family cases were two-person cases; about one-third had three to four persons and another third were cases of five or more persons. In 1937 almost one-half of the assistance cases had members able to work but for whom no work was available. During the peak year of 1939 this proportion increased considerably. Gradually as defense industries took hold and handicapped and other marginal workers were able to secure employment, the employable cases declined by the end of 1944 to about five percent of all assistance cases. In June 1946 this percentage became seven percent.

Assistance cases and persons supported by Public Funds in Chicago, July, 1936-June, 1946.

a house in order

The trend in the organization of the physical plant of the Department of Welfare has been toward centralization, reaching its culmination in the acquisition of the Welfare Building at 25 South Damen Avenue. Except for Convalescent Home, all facilities of the Department are now housed in this building, with the result that the City of Chicago Department of Welfare is the largest welfare organization in the country under one roof.

Consolidation of the 19 district offices began in 1939 as a result of a continuous decline in the caseload; only three district offices were in operation in 1942. Final centralization was realized in 1943 and two years later the former Lewis Institute building was taken over to house all units of the Department. Convalescent Home, which, by the nature of its function, is able to render more efficient service in a building of its own, is located at 5059 Vincennes Avenue.

Centralization has resulted not only in the obvious operational economies but also in improved efficiency and co-ordination of all branches of the Department, which, in the final analysis, makes for improved service to the community.

looking forward

Many of the accomplishments of a modern welfare program are not wholly amenable to the mechanics of the balance sheet. Only the tangible record of material assistance with its factual dollar-and-cents story may be a subject for stock taking.

There is, however, another aspect in the integral processes of welfare service which is equally, if not more, important in any attempt of retrospective evaluation. It lies within that wide scope of interwoven human relationships—the silent and potent side-partner of social work—which is intangibly but indelibly recorded in the lives of human beings. It is reflected in the regained self-confidence and assurance of men and women temporarily hit by economic reverses; in the newly-won courage of the momentarily weak; in the renewed hope of the defeated; in the feeling of recaptured solid ground of the insecure.

It is contained in the healthier bodies and sounder spirits of the formerly ill and weary; in the closer family ties of homes kept together; in the happiness of boys and girls who grew into maturity in the friendliness of foster homes. It is above all, everywhere within the community where one million people who were once dependent are pursuing normal, useful and productive lives.

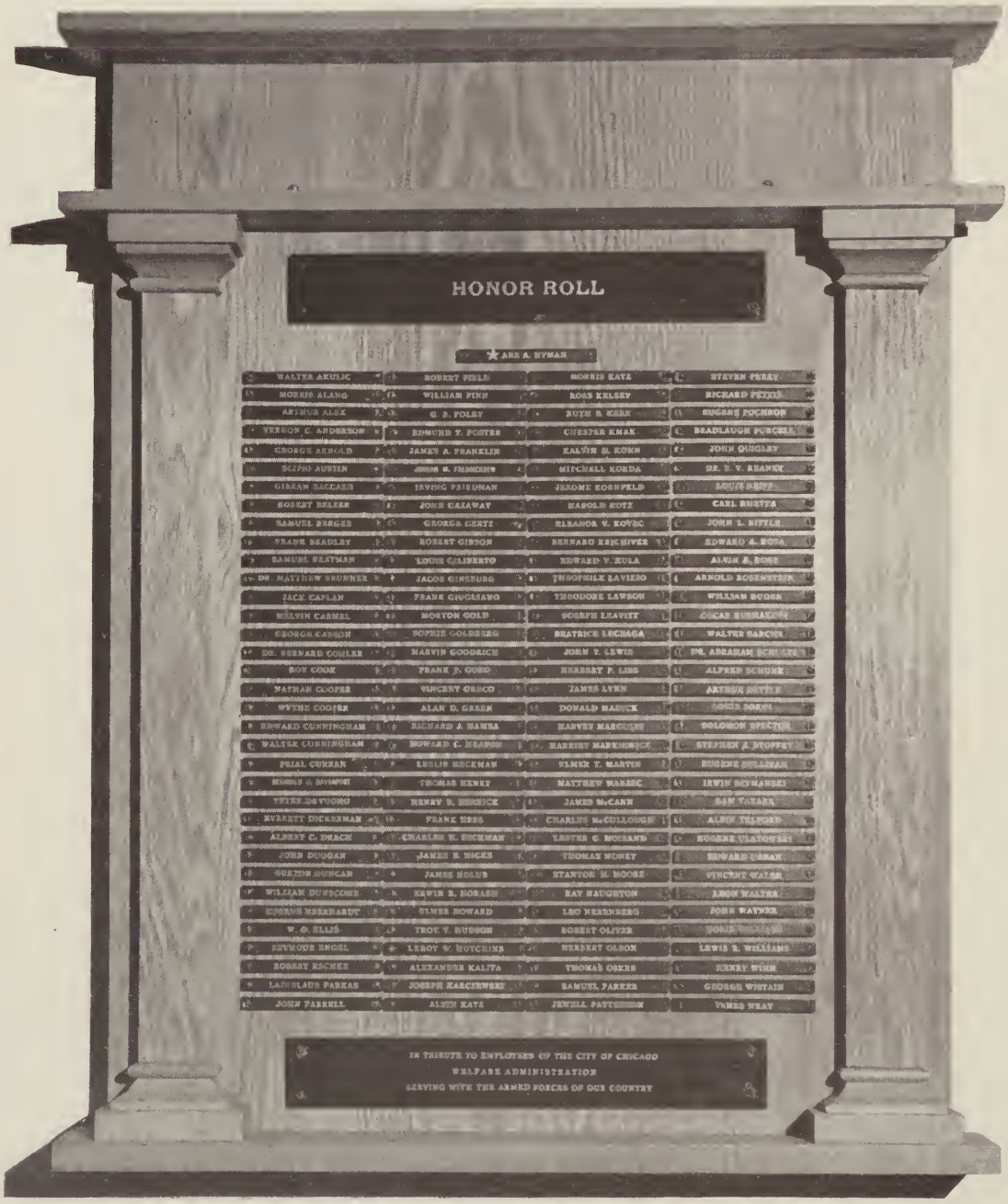
THE RIGHT OF ALL

As we look forward to the years ahead, we firmly believe that any man regardless of race, creed or color anywhere in the world has a right to a decent way of life; that to assist all to that end is not only a fulfillment of a basic social responsibility, but prerequisite to the peace, the health and the happiness of the entire community.

The Department of Welfare dispenses no charity. In an abundant society charity is an anachronism. Rather the Department is an instrument of the people, set up for them and by them, to preserve the dignity of man when he is caught up in circumstances beyond his control, by helping him to help himself.

Having come of age, Chicago's Department of Welfare proposes to carry on with a program in which Welfare Counsellors approach individual human problems in tune with the ideals and concepts of a rapidly changing world.

. . . but not least



THE FRED J. RINGLEY CO., CHICAGO

THE ARMY MEDICAL LIBRARY, Washington, D.C.

THE ARMY MEDICAL LIBRARY, Washington, D.C.

HV 87 qC532c 1946

02730860R

NLM 05019521 5

NATIONAL LIBRARY OF MEDICINE